



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

#### Postal Services

- |  | Daily                               | Weekly                   | Monthly                             | Never                               |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Mailing Letters   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Mailing Parcels   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Pick up Post Office box mail <i>6mo. of the year this is on main residence so we pickup daily - the other 6mo. we do it monthly</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Pick up general delivery mail   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| f. Buying money orders   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h. Sending Express Mail  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### Other Postal Services

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

#### Nonpostal Services

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |                              |  |
|--------------------------------|------------------------------|--|
| d. Using public bulletin board | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO            |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Decker on Reno

☐ Personal needs

☒ Banking Bank in Sacramento, as this is our 2nd home

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: James Deaton

Address: 311 Coates Ave ( P.O. Box 27, Colusa, CA )

Telephone: 916 383-5320

Date: 4-25-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Colpie & Serravalle

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Reno / Truckee

☐ Personal needs Loyalton / Reno / Truckee / Portola

☐ Banking Portola

☐ Employment

☐ Social needs Reno, Loyalton

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Reno, NV.
- ☒ Personal needs Reno, NV.
- ☒ Banking Portola, Ca
- ☒ Employment retired — have a business in Searsville, Ca.
- ☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Address:

Calypso, Ca.

Telephone:

Date:

4-20-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: REN + ANNE REIGERINK

Address: P.O. Box 202

Telephone: 530 994 3523

Date: 4-24-11

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**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno



Personal needs

Portola



Banking

Portola



Employment

Levyton



Social needs

Reno, Gracagle, Levyton

5. Do you currently use local businesses in the community?



Yes



No

local restaurant closed for winter - open in summer

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Sam and JoAnn Chesney

Address:

202 Main St Calpine Ca 96124

Telephone:

530-994-3431

Date:

4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

Pick up MAIL for OLDER Neighbors

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

MEET with other TOWNSpeople

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

ROAD



Personal needs



Banking

DIRECT DEPOSIT



Employment

RETIRED



Social needs

5. Do you currently use local businesses in the community?



Yes

☐ No

WHEN OPEN I GO TO THE RESTAURANT

If yes, would you continue to use them if the Post Office is discontinued?



Yes

☐ No

IF THEY WERE EVER OPEN DOO

Name:

RUSSELL ROSKWOOD

Address:

Box 251 ALPINE GA 96124

Telephone:

(530) 994-1007

Date:

4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Quincy, Portola, Reno, Clayton - online

☒ Personal needs Portola

☒ Banking Portola

☐ Employment - Home based

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Jennifer Kennedy

Address: PO Box(es) 67 + 54 (is my business' box)

Telephone: 530-430-7900

Date: 21 April 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |                              |  |
|--------------------------------|------------------------------|--|
| d. Using public bulletin board | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO            |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I commute to Quincy, CA, & pass by 2 post offices.

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

<input checked="" type="checkbox"/>	Shopping	Quincy CA, Truckee CA
<input checked="" type="checkbox"/>	Personal needs	
<input checked="" type="checkbox"/>	Banking	
<input checked="" type="checkbox"/>	Employment	
<input checked="" type="checkbox"/>	Social needs	

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Luke Pasavici

Address: P.O. box 302, Calpine CA 96124

Telephone: 406-671-5048

Date: 4/18/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |  |
|--------------------------------|---|--|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| e. Other                       | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Reno, NV Portola & Truckee CA
- ☒ Personal needs Reno, NV Portola, Loyalton, Truckee CA
- ☒ Banking Portola, CA
- ☒ Employment Portola & Truckee CA
- ☒ Social needs Portola, CA Reno, NV

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Colleen Griffin

Address:

PO Box 46 Calpine, CA 96124

Telephone:

(530) 994-3807

Date:

7/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

ADVERTISE FOR SALE ITEMS LOST & FOUND

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Address:

Telephone:

Date:

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail <i>only</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Reus, Portland, Truckee CA
- ☒ Personal needs limited get some things by mail
- ☒ Banking not often Truckee CA
- ☐ Employment retired
- ☒ Social needs very late

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Sue Dine

Address:

P.O. Box 114 309 Main Colpine CA

Telephone:

N/A

Date:

4-24-2004

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: Carrier Service won't provide high level of personal care & services of local postmistress in our rural community.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno, NV



Personal needs



Banking

Portola



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Jim & CAROL Dobbas

Address:

PO Box 7 Sattley, CA 96124

Telephone:

530-994-3057

Date:

4-23-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Calpine Post Office  
Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other Our Post Office is in Calpine - not Sattley, ☒ YES ☐ NO

If yes, please explain:

which is over 2 miles away. We don't have delivery service so depend completely on our Post Office Box which we have used for 27 years. Sattley is much smaller

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

Is that the P.O. you are considering?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

Don't have carrier delivery offered.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Portola CA or Reno NV

☒ Personal needs " "

☒ Banking " "

☐ Employment retired

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No non-existent

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Kathy + Russ Kirkpatrick

Address: PO Box 36 Calpine CA 96124

Telephone: 530 263 1188

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the ~~SATTLEY~~ *Calgary* Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No *Less often*

Name:

*Van & Janice Maddox*

Address:

*P.O. Box 236 Calhoun, GA 30612-0236*

Telephone:

*530-994-1056*

Date:

*4-19-11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno



Personal needs

Reno/Portola



Banking

Portola



Employment

Sierra City / NV.



Social needs

Everywhere

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

No Need to go to Calpine

Name:

Marjorie Voorhees

Address:

20605 Hwy 89

Telephone:

513-309-6369

Date:

5-24-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Mark LA Roquette

Address:

1000 CALPINE RD, CALPINE, CA

Telephone:

(916) 719 0167

Date:

5/4/11

96124

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Potosi, Reno

☐ Personal needs

☒ Banking Potosi

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Fred Griffin

Address:

P.O. Box 126 Calpine, Ca 96124

Telephone:

530-994-3528

Date:

5-10-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Portola, Sierraville, Loyalton, Truckee

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment

Retired



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Suzi Schoensee

Address:

P.O. Box ~~54~~ 54

Telephone:

530-994-3208

Date:

4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Portola/Quincy, 2x per month



Personal needs



Banking

Portola, 1x per month



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Address:

POB 74/155

Telephone:

Date:

5/5/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

C.A.P.R.

Address:

Box 32 CALPINE CA 96124

Telephone:

530 994 3755

Date:

5/5/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

WILLIAM A. BATES

Address:

Box 11

Telephone:

918 955-1944 / 994 3755

Date:

5/5/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

Pick up mail for disabled person

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I pass the P.O. in Portola when I go there, which is usually only once a week or 10 days. I believe it's a bad idea to close the office that is serving an isolated, rural community like ours.

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Portola, Truckee, Reno

☒ Personal needs same as above

☒ Banking Portola

☐ Employment

☒ Social needs Auburn, Reno

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

There are none at this time, but if there were, I would use them.

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

BARBARA BAZAN

Address:

300 COATES AVE, P.O. Box 178 CALPINE

Telephone:

530 9943011

Date:

4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain: *I go to work @ 0600 (6am) and leave @ 1900 (7pm)* ☐ YES ☒ NO



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping PORTOLA, RENO

☒ Personal needs PORTOLA, RENO

☒ Banking PORTOLA

☒ Employment PORTOLA

☐ Social needs SIERRA VILLE, GRAEAGLE PORTOLA RENO

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: KATHLEEN SMITH

Address: PO BOX 201 CALPINE 96124

Telephone: 530 994-1035

Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping RENU

☒ Personal needs RENU

☐ Banking

☐ Employment

☒ Social needs EVERYWHERE

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Nick Voornhies

Address:

20603 Hwy 89

Telephone:

513-833-4044

Date:

5/15/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

*THE PO IS THE ONLY OPEN VENUE FOR POSTING NOTICES*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping THERE IS NO STORE IN CALPINE

☒ Personal needs

☒ Banking THERE IS NO BANK IN CALPINE

☒ Employment WE ARE A COUNTY WIDE SEARCH PROVIDER

☒ Social needs THE P.O. ACTUALLY PROVIDES A venue for some level of community socialization

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

THERE ARE NO OTHER BUSINESSES IN THE COMMUNITY

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

CINDY NOBLE / Sierra Co. Fire Safe; Watershed Council

Address:

Box 210 Calpine CA 96124

Telephone:

530)249-0444

Date:

5/3/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Please do not close this Calpine / Saturday Post office !!

Cindy

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- |                                  |   |                             |
|----------------------------------|---|-----------------------------|
| a. Entering permit mailings      | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*I drive to Reno to shop, visit (53 miles)  
and I pass several en route.*

*My own Post office is 3 miles  
from my home.*

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

*Mr & Mrs Wayne, Delores Chua*

Address:

*Box 1 Sattley Ca 96124*

Telephone:

Date:

*April 21-2011*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Using for public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

RENO, ROSEVILLE

bi-WEEKLY



Personal needs



Banking

INTERNET



Employment

RETIRED



Social needs

5. Do you currently use local businesses in the community?



Yes



No

NONE AVAILABLE

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DAVID J. OROZCO KATHLEEN A. OROZCO

Address:

P.O. Box 281, CALPINE, CA 96124

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

PLEASE DELETE THE SATTLEP NAME FROM THE ZIP CODE. IT CONFUSES RETAILERS, BANKS, ETC.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Drive to ranch/works Mon. Thurs. Fri.

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Reno/Sparks

☒ Personal needs "

☒ Banking "

☒ Employment "

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Kenneth McCallum

Address: P.O. Box 294 Calpine GA, 96124

Telephone: 530-913-5611

Date: 4/23/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☒ YES ☐ NO

If yes, please explain:

CIA

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain: We have no carrier delivery - not an option

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping - Reno (on Sundays)

☒ Personal needs - Reno (on Sundays)

☒ Banking - out of State

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Brian Schmaing + April Waldo

Address: P.O. Box 301 Calpine, CA 96124

Telephone: (406) 672-0571

Date: 4-18-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno, NV once a month



Personal needs



Banking

Truckee, CA Every 2 weeks



Employment

Truckee, CA



Social needs

5. Do you currently use local businesses in the community?



Yes



No

There are none.

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Jim Nunes

Address:

Calpine CA

Telephone:

530.277.7723

Date:

4/30/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board

☒ YES ☐ NO

- e. Other

☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

WE HAVE NEVER HAD  
CARRIER SERVICE HERE

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Melissa Kolb

Address:

1030 Mtn Quail Rd

Telephone:

530 994 3224

Date:

5-1-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

mail delivery to homes on the high sierra's is  
not possible all heavy long snowy days whatlers

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DeBunker

Address:

Box 18 Calpine

Telephone:

Date:

4/18/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☐ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Arthur + G. Louise Molleson

Address: P.O. Box 129-21640 Hwy 89 CALPINE, CA 96124

Telephone: 536-994-3501

Date: 8-28-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

*ALPINE***Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

RENO, NV



Personal needs

il



Banking

PORTAL, CA



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: Tom Holland

Address: 101 Meadow Ranch Road

Telephone: 530/228-4511

Date: April 22, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: Process of transactions ineffective - especially money orders

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: KATHRYN KELLEY

Address: 83225 W. ADAMS ST. PALM BEACH

Telephone: 530-961-1958

Date: 4/5/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

We get wonderful service at our Calpine Post Office, we all love Ginny and don't want to lose her

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Tim Butler

Address:

PO Box 87 Calpine, CA 96124

Telephone:

530-994-3547

Date:

4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Docket: 1380842 - 96124

Item Nbr: 21

Page Nbr: 2

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO

- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

SIERRAVILLE P.O., SIERRAVILLE



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain: MAIL IS ORDER, I DON'T RELIEVE OTHER PEOPLE  
MAILS.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

PORTOLA



Personal needs

PORTOLA, TRUCKEE



Banking

TRUCKEE



Employment

TRUCKEE



Social needs

HERE, THERE, VERY WHERE.

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

ART FURMANCO

Address:

P.O. BOX 13, CALYPTINE, 102 COATES AVE CALYPTINE

Telephone:

994-3669

Date:

5-3-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☒ NO
- e. Other ☐ YES ☒ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Sierraville - but the lady who works there is crazy. Is there a live person working in the Sierra City p.o.?

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☐ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Lisa Shaffer / Shaffer's High Sierra Camp

Address:

248 San Marin Dr., Novato, CA 94945

Telephone:

Summer: 3878 2 Hwy 49, Sattley CA 96124

Date:

4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

PAT BLIDE

Address:

3082 Calpine CA. 96124

Telephone:

530-448-9552

Date:

4-20-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |

If yes, please explain:

- |                                |                              |  |
|--------------------------------|------------------------------|--|
| d. Using public bulletin board | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Portola, Ca - Reno, NV

☐ Personal needs

☒ Banking Portola, Ca

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Jim Adams

Address:

107 Coates Ave, Calpine, Ca

Telephone:

530 994 3129

Date:

5-6-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never	OTHER
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

MEETING PLACE

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

SIERRAVILLE, ~~MISSISSIPPI~~



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

JAMES R. ERLS

Address:

PO BOX 24, CARPINE, CA. 96124

Telephone:

530-994-3600

Date:

5-5-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

Books - Borrow

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

I pass the Post Office in Sattley + Surraville on my way to & from work

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping RENO, NV, TRUCKEE, CA

☒ Personal needs RENO, NV, TRUCKEE, CA

☒ Banking TRUCKEE, CA

☒ Employment TRUCKEE, CA

☒ Social needs RENO, NV, TRUCKEE, CA

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

DONNA J. ALISON

Address:

P.O. Box 235 CARPINE, CA 96124

Telephone:

Date:

4-30-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

*there are none!*

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

*Kim Torri*

Address:

*Box 104 Capue*

Telephone:

*(530) 908 7411*

Date:

*4/19/11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |  |
|--------------------------------|---|--|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| e. Other                       | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: DAVE BEN AMATI

Address: 651 MAID ST CALIFORNIA CAL 96124 PO Box #6

Telephone: 530-994-3611

Date: 4-19-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

(Pass Sierraville)

Since Sattley closed we have

our own mail box at our house



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

\_\_\_\_\_

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Les & Carol Davis

RR

Address: #3 Westside Rd

Telephone: 530-944-3379

Date: April 19, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

The Post Office is next door to the firehouse where people meet for transport to stores etc.

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

They will never deliver mail in this community.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping 20 miles away

☐ Personal needs

☒ Banking 20 miles away

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: John McDonald

Address: POB 240 CALPINE CA 96124

Telephone: 530 994 8994

Date: 4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Our postmaster is the best one we've ever had!  
If something were to happen to her, you might as  
well close it.



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

*helps me with mailing packages, questions, etc. - our postmistress*

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other \* see enclosed letter ☒ YES ☐ NO

If yes, please explain:

*we use copy services, for service, and sometimes internet service*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

*I have only received post office box service. Rte 89 is very busy & I would receive mail there; there is too much danger of theft.*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

*groceries only in Reno*



Personal needs



Banking



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?



Yes ☒ No

Name: *MARY Jo Knuth* *Anthonette MANNINO*

Address: *198 MEADOW RANCH Rd. CALpine, CA 96124*

Telephone: *530 - 994 - 3090*

Date: *4-22-11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*see attached*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Tanet Drummond

Address: PO Box 37 Colpine, CA 96124

Telephone: 530-994-3649

Date: 4-17-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*see attached*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

*Business from home in Carpinus*



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

*Risk of stolen mail — on ranch outside of  
Calpine — no close neighbors*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping *Portola, Layton, Truckee, Reno*  
☒ Personal needs *" " " "*  
☒ Banking *Portola, Truckee*  
☐ Employment  
☒ Social needs *Reno, Roseville*

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No *N/A — They aren't in Calpine*

Name: *Judith L Bradley*

Address: *P.O. Box 63 Calpine, CA 96134*

Telephone: *(530) 994-3714*

Date: *4/18/2011*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*We conduct a lot of business by mail — daily trips  
are necessary. It would be a hardship to drive  
30+ miles round trip for this.  
Also — year round residents.*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

William Cooper

Address:

P.O. Box 95 Jettley, CA 96124

Telephone:

(530) 994-3376

Date:

April 18, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I think that shutting down the post office would be a disaster to our community. I also think the cost of door delivery would be an expense.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

there is nothing in Calpine now  
without a post office there will  
be less. I grew up in Sierra Valley  
and wish to live in an unpopulated  
area with the price of fuel + now no  
post office things look grim.

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name: Penny Holland

Address: P.O. Box 23 Calpine, CA 96124

Telephone: 530-994-3602

Date: 4/21/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

*Library Books are great!*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☒ NO

If yes, please explain:

*Swira Hill on the way to Truckee*

*I used to receive my mail at the Sattley (Sattley Store) P.O., which was very nice for me. I moved to Calpine PO when Sattley closed. I would be very unhappy if Calpine also closed. I am 76 years old.*

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

*Winter and snow problems - vandalism & Theft.*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

*Portola & Truckee*



Personal needs

*Truckee*



Banking

*Truckee*



Employment

*N/A*



Social needs

*Portola, Truckee, Reno*

5. Do you currently use local businesses in the community?



Yes



No

*none available*

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

*Jean Armstrong*

Address:

*Box 265, Colpine, CA 96124 (45811 Hwy 49)*

Telephone:

*530-994-3955*

Date:

*4-18-11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Using for school bus stop	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Anne Fallot

Address:

P.O. Box 117 207 Calpine Ave, Calpine CA 94624

Telephone:

(530) 832-4324

Date:

4/19/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I had my P.O. Box in Beckwourth (96129) close + replaced w/ Boxes roadside. I HATE it. Poor mail service now. Part of Calpine move was the post office service, as I use it daily and it is excellent @ 94624.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

The next nearest PO is 10 miles from my home

- Question is worded poorly. I currently receive PO Box service. I also rely on services at the Post office. carrier route would not be practical here due to snow in winter
3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

Full service PO is critical to our town. PO Box service works very well. Many of us have long driveways and deep snow in the winter.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☐ Shopping } No - one family member works in Truckee & shops there. He works during PO hours. There is a PO in our town.
- ☐ Personal needs }
- ☐ Banking - No - use internet
- ☐ Employment - No - home business - I rely on the Post office
- ☐ Social needs -

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Dolly B. Chapman & Shannon Hoyt

Address:

PO Box 91, Calpine, CA 96124 (my address since 1987)

Telephone:

530 994-3729

Date:

4/21/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I also run a business from home. It is essential to my business to have a full service PO in town. I send and receive large packages of various weight and dimension almost daily. I have spent over \$12000<sup>02</sup> in Postage here in the last year.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>occasionally</i>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

If yes, please explain:

---

☒ YES ☐ NO

*BUT,  
Not during business hours!*

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

*N/A*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment



Social needs

*only because these do not exist in my community of Calpine*

5. Do you currently use local businesses in the community?



Yes



No

*There are none available!*

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

*Salli Wise*

Address:

*PO Box 283, Calpine, CA 96124*

Telephone:

*530-414-8565*

Date:

*5.2.11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*We need this post office!!*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |

If yes, please explain:

RECEIVING PRESCRIPTION MEDICINES

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

REPO, NEVADA



Personal needs



Banking

PORTOLA CA



Employment



Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

MIKE AND KATHY FRESCHI

Address:

P.O. Box 65 211 MEADOW RANCH RD CALPINE

Telephone:

530-251-7189

Date:

MAY 4<sup>TH</sup> 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



Docket: 1380842 - 96124

Item Nbr: 21

Page Nbr: 2

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

- A roll of stamps as needed*
- |  | Daily                               | Weekly                              | Monthly                             | Never                               | Occasional                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| b. Mailing Letters   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |
| c. Mailing Parcels   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| d. Pick up Post Office box mail  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| e. Pick up general delivery mail   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Buying money orders   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h. Sending Express Mail  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| i. Buying stamp-collecting material  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

*I'm a sr citizen that needs to have the P.O. on this side of the Valley.*

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*when I go to Reno twice a month*



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

I have delivery service but need to  
send and pick up packages at the Post Office.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

Portola — Reno

☒ Personal needs

Portola — Reno

☒ Banking

Portola — Reno

☒ Employment

Loyalton

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Sandi Kendall

Address:

100 Dirt Road

Sattler, CA 96124

Telephone:

530-994-3710

Date:

5/01/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Our Post Office is critical for social  
needs. For some of us it is where we  
meet and greet people. Also, we are in  
a heavy snow area — sometimes it is  
not possible to go across the valley to  
another Post Office. We have excellent service  
and NEED to keep it open.



Do you mean the Sattley  
PO in Sattley or the  
Sattley Calpine PO in  
CALPINE

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### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☒ YES ☐ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board I have picked up mail for friends when they can't because of  
ALL THE TIME ☒ YES ☐ NO winter
- e. Other ☒ YES ☐ NO

If yes, please explain:

I mail cards for  
our troops collected from my group -

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

only if I go to Reno - which is an hour away

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

*I have had a PO Box since 1970 and wouldn't have it any other way*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment *RETIRED*

☒ Social needs

*We live in a very Rural Community and have to travel long distances for everything. Going to the P.O. locally is a blessing*

*Dennis*

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

*We have to support one another*

Name: *Lynn Stewart and Dennis Smith*

Address: *P.O. Box 55, Calpine, Ca 96124*

Telephone: *530-994-1031*

Date: *May 3, 2011*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☐ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Laure DelVita

Address:

POB 155 / POB 79 Colapinto

Telephone:

CS30) 448 9092

Date:

5/5/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

We simply need our post office

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>once in awhile</i>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> "
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> "

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

*Portland, A.*

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno once a month



Personal needs

Reno once a month



Banking

Portola once a month



Employment

Going to retiring in July 11



Social needs

Not much

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Linda S. Siglar

Address:

P.O. Box 145 Calpine, CA. 96124

Telephone:

(530) 994-1073

Date:

4/2

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including <i>once before</i> Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☒ YES ☐ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop *I use to and I plan to when my kids are of age* ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

*lost Dog / found wood for sale*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: If you don't catch them that morn. you can't mail your mail or I mean get stamps mail packages.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Reno Not Down Town  
☐ Personal needs  
☒ Banking Reno  
☒ Employment Portola Night Shift  
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No Resturant

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name:

Kimi Alter / John Knope

Address:

208 main st. / P.O. Box 16 Calpine

Telephone:

(530) 994-1048

Date:

4-28-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I have been using the post office in Calpine since I was a little girl, when it was in the little brown building on main street. It had combination boxes. I enjoyed getting our families mail even when the post office moved into the community service building. Since there is not much to do in Calpine that was something I could do walking feather from my house. This was something I was hoping I could pass onto my children for something to do. Walking down to the post office to get our families mail.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☐ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Christine Lindberg

Address:

100 Calpine Avenue

Telephone:

530/994-3323

Date:

1 May 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I am retired and rely on ebay sales to supplement my income. It would increase the cost of shipping if I had to go elsewhere.

Also, the Post Office is integral to the community sense of "community" We need it!

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: Yes

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Portola Ranch or Truckee

☒ Personal needs Same

☒ Banking Portola

☐ Employment

☒ Social needs all over — lots of info is posted at Calpine P.O.

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

where it's open — only one business in Calpine

Name: VIRGINIA LANRVERD

PO Box 115, Calpine, CA

Telephone: 994 3847 / 530

Date: May 2, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

To close Calpine would be a great disservice to the community. Rural area and other Post offices inconvenient. It would take a few days to estimate how much a package / large letter would cost w/ insurance etc. by leaving notes back & forth with a mailman. Crazy. For sure you can save \$ in a city or cutting management waste.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

mailing material

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

once in awhile I drive thru Sierra Vista  
I did stop there one AM - guess she  
was late to arrive & open up on time



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**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Bill & Joanne Nunes

Address: Box 118, Calpine PA 96124

Telephone: 530-994-3222

Date: 5/5/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*See attached letter*





**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

helping get mail in and out of car

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

like to use my own post office

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain: to difficult To get keep clear in the winter

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Karen Johnson

Address: Box 52 Calpine

Telephone: 530 994 3544

Date: 5-5-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |                             |
|---|---|-----------------------------|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

*Delivery Service? Very costly!!*

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

*What happens when we're in a Snow Storm? I don't want to buy a mail Box!!*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

*Ken & Pat Sposito*

Address:

*220 Meadow Ranch Rd, Calpine*

Telephone:

*530-994-3738*

Date:

*4/20/11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*Suggest: Keep using the mail boxes at the Post office.*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

CALPINE**Postal Services**

- |  | Daily                               | Weekly                              | Monthly                             | Never                               |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Buying Stamps   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b. Mailing Letters   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c. Mailing Parcels   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Pick up Post Office box mail  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e. Pick up general delivery mail   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f. Buying money orders   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h. Sending Express Mail  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i. Buying stamp-collecting material  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Other Postal Services**

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |                             |
|---|---|-----------------------------|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☒ Personal needs

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Paula Crawford

Address:

P.O. Box 21, CALPINE, CA 96124

Telephone:

530-994-3610

Date:

5-1-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

*Picking up + sending mail for elderly neighbor*

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

*Gaining important local information from bulletin board*

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
------------------------------	--

If yes, please explain:



3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

I value the knowledge & assistance of a hands on clerk who can often talk me through the best way/cost to mail something.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Gortola



Personal needs

Sierraville



Banking

Gortola



Employment



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Jeanie & Terry Laughlin

Address:

305 FARRAR Ave. Calpine CA 96124

Telephone:

(530) 994-3559 / 310/5289600 / 310/9621474

Date:

5/2/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

a. Entering permit mailings	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. Resetting/using postage meter	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**Nonpostal Services**

a. Picking up government forms (such as tax forms)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Using for school bus stop	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Assisting senior citizens, persons with disabilities, etc.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

If yes, please explain:

d. Using public bulletin board	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
---	--

If yes, please explain:

I work 36 miles from home in another County

NA

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

Never had a carrier due to snow depths in winter and lack of access to residence boxes

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

No stores — NV County



Personal needs



Banking

No banks — NV County



Employment

No job other than postal — NV County



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Shannon Hart

Address:

600 main st P.O. Box 91

Telephone:

530-994-3729

Date:

4-27-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Closing Capine Post office would be very bad for Capine & Sattley — We are a unfair distance away from another P.O. and our senior citizens as well as others would be harshly affected in winter.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

interview 6/17

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain: WHAT IS "CARRIER ROUTE DELIVERY SERVICE"?

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping  
☐ Personal needs  
☒ Banking  
☒ Employment  
☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: STEVE ROSE & KATHRYN CHASE

Address: BOX 44 CALPINE, CA 94124

Telephone: 530 994 3594

Date: 4/27/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

WE HAVE LONG SNOWY WINTERS WHICH MAKE IT EXTREMELY DIFFICULT TO TRAVEL ANY DISTANCE FOR FREQUENTLY USED POSTAL SERVICES. ALSO, IN A SMALL COMMUNITY, THE POST OFFICE SERVES AS A HUB FOR SOCIAL INTERACTION.



Docket: 1380842 - 96124

Item Nbr: 21

Page Nbr: 2

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Banking

☐ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

Barbara Pascoe

Address:

115 Hwy 89 Sattley

Telephone:

530-994-3310

Date:

4-29-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

We are not at our residence all of the time & Sunny is wonderful about holding our mail & then sending it on the day requested. I would hate to lose this great service from her as I doubt anyone else would be as understanding. -

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |                             |
|---|---|-----------------------------|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping 50+ miles

☒ Personal needs 50 plus miles

☒ Banking 30 miles

☐ Employment Retired

☒ Social needs local + travel to 30+ miles

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: John Mitchell

Address: PO Box 9 / 101 Mountain View / Calpine, CA 96124

Telephone: 530-994-3532

Date: 4/28/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Calpine has many retired senior citizens who do not have home delivery — The nearest PO would be 10 miles away through snow in winter. No home delivery in Calpine — everyone must go to pickup their mail is their paid for PO Box. Shouldn't all retiree users go to no home delivery before eliminating all service to rural users who have been underserved for years?

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Reno

☒ Personal needs Reno

☒ Banking Portola

☒ Employment Y Loyallton

☒ Social needs Sierraville

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name: Tracy Studer

Address: Box 134, Calpine CA

Telephone: 530 994 3039

Date: 4/29/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

The Calpine post office really is a matter of convenience for those of us living here. We don't have many services in Calpine and losing the post office would make our lives a little more complicated. Thank you for considering our view point.

Tracy Studer

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping TRUCKEE, RENO

☐ Personal needs

☒ Banking TRUCKEE - PORTOLA

☐ Employment

☒ Social needs RENO N.V.

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: KENNETH E. VALCALDA

Address: 105 ASPEN CT - CALPINE P.O. BOX 237 CALPINE 96124

Telephone: 530 994-3650

Date: 4-23-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Home delivery which I recieved in Truckee Ca. would be great. I check my mail alot as I have a business and pay alot for my P.O. Box. If all residents of Calpine paid for their boxes you may be able to keep this post office open

*Ken Valcalda*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

Office most days

Work in home

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

Reno, Quincy, Truckee, Portola

☐ Personal needs

☒ Banking

Portola, Quincy

☒ Employment

Some travel in Plumas County

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

LADonna L. Scholberg

Address:

P.O. BOX 74 Sierraville CA 96126

Telephone:

530 994-3505

Date:

4-27-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I get my mail in Sierraville in order to help preserve my privacy because I serve AS A SOCIAL WORKER. I prefer to maintain some autonomy in this small area by receiving my mail in Sierraville while living in Calpine. I only pick up my mail one or two times per week BUT I mail things 3 to 4 times per week.

LADonna Scholberg

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |                             |
|---|---|-----------------------------|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

☐ Personal needs

☐ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

Barbara Bigham

Address:

200 Main

Telephone:

994-9940

Date:

4-21-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*This office is vital to our community due to weather hardships, due to going 15 miles to another Post office due to old age, price of gas - etc -*



Docket: 1380842 - 96124

Item Nbr: 21

Page Nbr: 2

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |

If yes, please explain:

I am a Senior citizen.

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain:

Visiting

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

No carrier

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

twice a mo.

☒ Personal needs

same

☒ Banking

same or by mail

☐ Employment

Retired

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

when opened

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: JOHANNA & THOMAS OLSEN

Address: PO Box 206. CALPINE

Telephone: 530-994-3579

Date: 4-26-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

It would be very hard for us to go anywhere in the winter.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |                              |  |
|---|------------------------------|--|
| a. Picking up government forms (such as tax forms)            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Using for school bus stop                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |                             |
|--------------------------------|---|-----------------------------|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other                       | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

*there is none  
must go 18 miles one way*

Name:

*William Norbury*

Address:

*P.O. Box 40, CALPINE CA 96124*

Telephone:

*530-249-3040*

Date:

*4-19-11*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| a. Entering permit mailings      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| b. Resetting/using postage meter | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

**Nonpostal Services**

- |   |   |  |
|---|---|--|
| a. Picking up government forms (such as tax forms)            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b. Using for school bus stop                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| c. Assisting senior citizens, persons with disabilities, etc. | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

- |                                |   |  |
|--------------------------------|---|--|
| d. Using public bulletin board | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| e. Other                       | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to, or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

Reno 65 miles



Personal needs

" "



Banking

Portola 25 miles



Employment

Sierraville 9 miles



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

Jess A. Martinetti

Address:

PO Box 148 Calpine, Ca 96124

Telephone:

Date:

April 20, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I would always want a post office in Calpine



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:



- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

*Because we live in a climate of heavy snowfall, individual delivery would be difficult & sometimes impossible.*

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping



Personal needs



Banking



Employment

*(spelling)*



Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

*Joanne Meschery*

Address:

*P.O. Box 146*

Telephone:

*Calpine, CA*

*96124*

Date:

*07/22/2011*

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

*Many individuals in this community are retired or unable to work. Driving to a post office outside the community would be difficult. If a postal carrier were to deliver postal services, the remote location of many residents would make this kind of delivery difficult, if not impossible at times. Let's face it, imagine that a postal carrier system would be cost & labor efficient, considering poor locations & the price of gasoline.*

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*when needed***Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☒ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

---

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

---

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

---

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Reno, NV (60 miles) with family
- ☒ Personal needs Physician Services.
- ☒ Banking mail deposits
- ☐ Employment Retired
- ☐ Social needs

5. Do you currently use local businesses in the community?

☐ Yes ☐ No No other business open

If yes, would you continue to use them if the Post Office is discontinued?\*

☐ Yes ☐ No

Name:

MARIN JANET BUTLER

Address:

P.O. Box 70, Calpine, CA 96124

Telephone:

(530) 994-3543

Date:

4-23-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Occasional
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Xmas!
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

\* THIS IS RIDICULOUS - I DO NOT WORK 6 DAYS (OR EVEN 5) A WEEK - TO EXPECT TO DRIVE 1/2 hr each way in winter to get mail!!

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

CARRIER REQUIRES MAINTENANCE  
OF BOX CLEAR OF SNOW — DIFFICULT/IMPOSSIBLE  
WHEN ROAD HAS 10' BANKS OR IS NOT PLOWED

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☒ Employment

☐ Social needs

I DO NOT LEAVE  
ON A DAILY  
BASIS — NEXT TRIP  
TOWN ROUND TO THE  
IS 1/2 HR DRIVE  
1 SHOP WEEKLY

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

— BECAUSE CIA WOULD LOSE  
MONEY FROM RENTAL — PROBABLY  
WOULDN'T REMAIN OPEN

Name: RACHEL CONDON

Address: POB 143 CALPINE CA 96124

Telephone: 530 994 3930

Date: 4/22/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

YOU SHOULDN'T CALL IT SATTLEY  
THIS IS ~~THE~~ CALPINE — VERY  
CONFUSING — SATTLEY P.O.  
IS ALREADY CLOSED DOWN  
BY YOU.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☒ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☒ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

Many area residents are elderly. This postal service is mandatory.

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

Many area residents are elderly. Information, personal caring.

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:

This is the ONLY Post Office in this area.

- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

The carrier didn't always find me. Using the P.O. I know my mail is safe. Also, just the other day, my mail was stolen as has happened before.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒

Shopping

Partola Truckee

☒

Personal needs

Or Truckee

☒

Banking

Partola

☐

Employment

Retired

☐

Social needs

Valley area

5. Do you currently use local businesses in the community?

☒

Yes

☐

No

If yes, would you continue to use them if the Post Office is discontinued?

☒

Yes

☐

No

Name:

Colleen Datta

Address:

P.O. Box 253

Telephone:

530-994-3362

Date:

April 20-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

you have already closed the oldest P.O. in our area. Please don't close this one. It would be a major (problem) for our community (disaster).  
Thank you



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**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

**Postal Services**

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Other Postal Services**

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☒ NO

**Nonpostal Services**

- a. Picking up government forms (such as tax forms) ☐ YES ☒ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☒ YES ☐ NO

If yes, please explain:

PICKING UP MAIL - SENDING MAIL & PACKAGES FOR HOMEBOUND SENIORS

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☒ YES ☐ NO

If yes, please explain:

LOCAL NEWSPAPER STAND

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☒ NO

If yes, please explain:





- If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

WE ONLY HAVE THE POST OFFICE BOX - NEVER  
HAD GENERAL DELIVERY - NOR DO WE WANT IT

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?



Shopping

LOCAL SIERRVILLE, PORTOLA, RENO NV



Personal needs

Sierraville, Portola, Reno, NV



Banking

PORTOLA



Employment

SELF-EMPLOYED LOCAL LOGGER/RANCHER



Social needs

5. Do you currently use local businesses in the community?



Yes



No

If yes, would you continue to use them if the Post Office is discontinued?



Yes



No

Name:

DON HARVEY OWNER/OPERATOR HARVEY FARMS & FORESTRY

Address:

P.O. Box 47 CALPINE, CA 96124 6780 HARVEY RANCH RD CALPINE, CA

Telephone:

530-994-3617

Date:

4/18/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

It would be a shame to close the Post office  
in SATTLEY/CALPINE, as it would impact us greatly  
in that it is a long way to anywhere here - we are  
very rural. With the cost of fuel going up everyday  
we need to keep our trips to a minimum.  
The Post office is only 3 miles away.  
— Trumbus



4-25-11 mailed back  
KB



Docket: 1380842 - 96124  
Item Nbr: 21  
Page Nbr: 2

### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the SATTLEY Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☒ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☒ NO

If yes, please explain:

- d. Using public bulletin board ☒ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

We post our business cards & flyers there plus scan board for events, other services, etc...

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☒ YES ☐ NO

If yes, please explain:

Loyalton P.O. & Sierraville P.O. when I am out but there are days that I don't go to Sierraville or Loyalton and having to go over to either location would be a 10 or 20 mile drive - one way - and inconvenient!

3. If you previously received carrier delivery, there will be no change to your delivery service — proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

If yes, please explain:

I prefer going to the P.O. because I can get stamps or other services @ same time as mailing or picking up my mail. Also, my mail is safer in the PO Box vs being left at the road.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

- ☒ Shopping Reno
- ☒ Personal needs Reno or Truckee
- ☒ Banking Portola or Loyalton - I try to do most banking on-line
- ☒ Employment We work in the Plumas Co., Sierra Co & Lassen Co. Areas But go where the work is in N. California
- ☒ Social needs Reno, Truckee, Tahoe

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

Calpine has no other businesses other than the Lodge (Rest, Bar) @ this time. No Gen. store, etc...

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

NA - we don't go out to eat or drink @ the Lodge

Name: Kathi Bertagnolli & Lenny Bertagnolli

Address: P.O. Box 61, Calpine 96124 (Physical: 21040 Hwy. 89, Sattley)

Telephone: 530-994-3209 Home/office

Date: 4-22-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.